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ABSTRACT

The study and treatment of eating disorders has long been associated with psychoanalytic concepts of rejection of femininity and fear of oral impregnation. Although a theoretical reformulation emphasizing feminist analysis began a decade ago, the extension and application of these ideas has not solidified into a comprehensive treatment methodology. A multidisciplinary conceptualization and research strategy that incorporates feminist understanding of the social and cultural context of eating disorder etiology and recovery is needed. To illustrate this point, three case studies of women with eating disorders are described in detail from a feminist perspective. (Author/ABL)

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Eating Disorders Among Women: A Feminist Perspective

Abstract

The study and treatment of eating disorders has long been associated with the psychoanalytic concepts of rejection of femininity and fear of oral impregnation. Although a theoretical reformulation emphasizing feminist analysis began a decade ago with the writing of Boskind-Lodahl and Orbach, the extension and application of these ideas has not solidified into a comprehensive treatment methodology. This presentation will focus on the need for a multidisciplinary conceptualization and research strategy that incorporates a feminist understanding of the social and cultural context of eating disorder etiology and recovery.

My remarks will focus on a third possible target of the feminist research paradigm--the area of women and eating disorders. I want to echo the thoughts of Lerman (1986) and Fine (1985) in calling for a consideration of women's experience and veracity in developing strategies for therapeutic support. Specifically I would like to share, in the form of brief case studies, the stories of three women who were all diagnosed by traditional experts as suffering from an eating disorder. I wish to examine their situations from a feminist perspective as well, realizing that eating disorders present a particularly complex set of difficulties including medical, social, occupational, and psychological concerns.

Ann was a 17 year old high school senior when her eating problems were discovered by her family. She is the youngest of seven children, raised primarily by her mother after her father was killed in a farming accident when Ann was six months old. She describes her family as very close, with two

older sisters still living at home. She is closest to her oldest sister who is married and has one child--she values the relationship because this sister "listens to me more." The most negative relationship in her family is with the second oldest sister who Ann resents for what she perceives as making fun of her when she (Ann) was fat as a child. Ann also sees that daughter as her mother's favorite. Ann assumed a caretaking role within her family and has done most of the cooking since she was old enough. Upon discovery of her weight loss, which happen as the result of her boyfriend noticing that she was wearing four and more layers of clothing, Ann was taken to the family physician and checked for medical problems. A therapist who was consulted told her that she had to gain weight or face hospitalization. When she presented herself for counseling as she was beginning college Ann asked for help in "seeing myself as others do." Upon inquiry she expressed a feeling of powerlessness ("I can't make myself eat") and also passive omnipotence (frustration about her siblings' jealousy at the special, yet negative, attention she received) with much ambivalence present about therapy and threatened hospitalization.

Betty was also a high school student when her difficulties were first noticed. She became severely depressed and was subsequently hospitalized after she lost 40 pounds during a four month period. Previous to this she experienced a number of life changes including the departure of an older brother with whom she was quite close to for college, the moving away from home of an older sister, the father's job promotion and subsequent family's move to a new home, and mother's treatment for recurring breast cancer. Her weight loss also prohibited her from participating in varsity sports, a particular talent of her's. She gained ten pounds, rejoined her team, but experienced a career-ending injury during her first game back. The depression and

weight loss were cited as reasons for Betty's hospitalization, during which time she received anti-depressants and individual therapy. The referral for counseling was at the request of her physician and because Betty saw the need for continuing care in the face of school-related stresses.

Cathy, by contrast, is a 70 year old widow. A college graduate, Cathy was married at the age of 24 to a man with some college training employed by a large corporation. While raising two children she moved her family numerous times in support of her husband's career. At his request she did not seek outside employment and instead became a "corporate wife." Her husband retired at age 50 after treatment for alcoholism and depression. Cathy's weight loss and ambiguous physical complaints (no appetite, indigestion) were diagnosed by her physician as anorexia and she was placed on anti-anxiety medication. It was mentioned to her that she should learn to relax and manage her stress more effectively.

All three situations share a certain number of similarities. Each is characterized by a clear amount of environmental, familial, or developmental stress. In Ann's case she was placed in a favored (youngest child) yet responsible (family cook) position. For Betty it was dealing with numerous life changes (departing siblings, family move, and mother's illness). For Cathy, it was the cumulative weight of caring for an ill husband in a role contradictory to her early marital expectations. In each case medical personnel intervened and ordered either hospitalization or medication, or both.

Traditional wisdom and actual medical diagnosis indicated that each person suffered from anorexia. In Ann's case it was hypothesized to be related to conflicted needs for dependence and independence. For Betty it was thought to be depression connected to perceived losses and damage to her self-esteem. For Cathy it was considered to be caused by the unresolved anger at her

husband's inability to achieve a certain level of success and her desire for control over unforeseen life events. In even more traditional terms Ann's situation might be discussed in light of the disturbed mother-infant (mother as widow and Ann as cook) bonding process (Shainess, 1984). Betty rejects her femininity, as might be described by Bruch (1973), when she seeks to be a varsity athlete and fails due to injury. And Cathy is at the heart of a family systems analysis when she becomes the identified patient out of resentment for her husband's failings.

Feminist theorists such as Boskind-Lodahl (1976) and Orbach (1979) challenge this conceptualization. By de-pathologizing the feelings of women and recognizing the adaptive nature of the eating difficulties, they examine some broader cultural issues such as social control, male standards of beauty, and sex discrimination. This reformulation opens the way for significant social change as women identify their justifiable anger at being victimized by these external factors.

Let us start with Ann and some preliminary ways in which feminist theory might describe her situation. She wants to "see myself as others do." Her boyfriend pleads with her to eat more "if you really love me." "For our future" he asks her to start acting normally. Her mother chides her that she does not have it badly, compared to others. Ann, in feminist terms, is rebelling against her specific, as well as general, situation. Her boyfriend is looking for a "normal" girlfriend. Her mother wants her to be a "good girl." Both are pressuring for a compliant and appropriately socialized young American woman and are attempting to use social control to keep her in an infantilized position. As she started to draw her feelings for me in a series of pictorial diary entries, I was struck by the "Maybelline eyes" on each self-portrait. It was as though she expected herself to end up bright-eyed and positive in the face

of every challenge or dilemma, while also saying that she had "difficulty expressing negative emotions." Her pictures also show clear conflicts about male models of beauty. It is interesting to note that her eating problems did not cease until the semester that she appeared in my office requesting vocational counseling. She talked about trying to decide what she really wanted to do and be, independent of maternal or boyfriend's influence. This career choice issue was, in one sense, her first formal opportunity to assert her autonomy.

Betty's situation is more profound. She is faced with significant losses and terrified by her dependency needs and separation anxiety. Her refusal to eat may be seen as a desperate measure to take some control in what she may perceive to be an out of control world. In a larger sense she may also be looking to establish her own identity. Her medical and family systems chose to treat her with medication and hospitalization, interventions that had limited success. Betty announced her recovery to me by inquiring about a friend of her's who was depressed. She had established enough of a sense of herself to differentiate from the wants and needs of others, thus enabling herself to experience intimacy and caring in peer relationships. In the process she asserted her personal preference in friends, social activities, and style of dress, thereby rejecting more traditional standards of beauty and feminine stereotyped expectations. More importantly, Betty accepted the validity of her own feelings, particularly those of anger and disappointment towards her family for their efforts to control her. This recovery, interestingly enough, was also accompanied by the choice of a non-traditional career, that of graphic design rather than the fine arts area she had been pushed towards before.

Cathy's situation is different developmentally in that she expresses a sense of feeling "handicapped" by decades of socialization into the traditional female role. As Orbach (1985) describes it, that includes three primary elements: to

defer to others, to anticipate and meet the needs of others, and to seek self-definition through connection with another. These messages were communicated to Cathy when she was prohibited from pursuing a career other than that of "corporate wife" and when she was ordered by her husband's psychiatrist to structure the family's activities within the limits imposed by his disability. She was not only discouraged from asserting her own feelings and needs, but was also warned that failure to comply would cause her husband to relapse. Her wifely role became one of caretaker and surrogate mother, a contradictory and infuriating example to her of a double standard that she now very much resents wherein she was magically expected to be competent in things she was prevented from doing before her husband retired. Her husband's recent death has created a life crisis for Cathy as she struggles to experience the positive side of solitude--identifying and expressing her own feelings, preferences, and values. Her appetite is slowly returning but so is a sense of guilt and a fear of being selfish. She describes a need to "reprogram" herself to remember that she has choices that have been denied her and that she has denied herself for decades.

In all three of these situations, the women were treated from a traditional and primarily medical perspective. For Ann and Betty, it was not until they took enough time away from external pressures and critically examined their roles as women that they were able to identify and utilize their own anger and strength to begin healing themselves. Cathy is being faced with that opportunity as a result of her recent widowhood. A feminist perspective has much to give these women. It is my hope that a multidisciplinary approach to the conceptualization and treatment of eating disorders will increasingly include this feminist point of view, and that research in this area will focus on supporting personal empowerment and social change to modify the role of women--from cultural models of beauty and femininity to their economic and political status.

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